

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 EXECUTIVE CENTER DRIVE

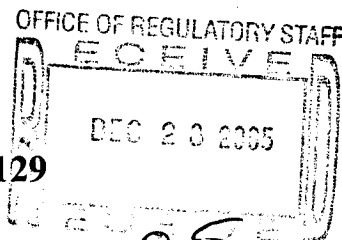
COLUMBIA, SC 29210

POST OFFICE DRAWER 11649

COLUMBIA, SOUTH CAROLINA 29211

Office # (803) - 896-5191

Fax # - (803) 896-5129

CLASS C CHARTER 2006-8-T DATE 12-22, 2005APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Lowcountry Excursions, LLC

2. (a) Street Address of Applicant 267 Alexandra Street #11
Mount Pleasant SC 29464

(b) Mailing address, if different from street address PO Box 21862
Charleston SC 29413-1862

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MAIL/DMS

- (c) Telephone Number 843-437-5152

If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)

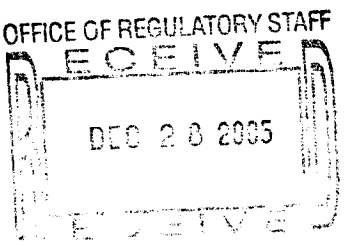
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Daniel Strickland - President / Treasurer
Beth Strickland - Vice President
267 Alexandra Street #11 Mt. Pleasant SC 29464

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

JS

7. Applicant is financially able to furnish the services as specified in this Application, and submits the following statement of assets and liabilities.

	ASSETS:	
Cash		<u>\$5,000.00</u>
Real Estates and Buildings		XXXXXXXXXX
Accounts and Notes Receivable		XXXXXXXXXX
Power Equipment (Net of Depreciation)		XXXXXXXXXX
Garage & Office Equipment (Net of Depreciation)		XXXXXXXXXX
Other Assets		XXXXXXXXXX
	TOTAL ASSETS	\$ XXXXXXXXXX <u>\$5,000</u>

	LIABILITIES:	
Accounts and Notes Payable		<u>\$11,000.00</u>
Rents and Leases payable		<u>\$1,281.00/month</u> Limo Lease
Mortgages Payable		XXXXXXXXXX
Debt on Power Equipment		XXXXXXXXXX
Other Liabilities		<u>\$629.00/month</u> Insurance
	TOTAL LIABILITIES	\$ XXXXXXXXXX <u>\$11,000</u>
	NET WORTH	\$ XXXXXXXXXX <u>\$-6,000</u>

10. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA, _____
COUNTY OF Charleston _____
I, Daniel Strickland, President
(Name of Applicant's Representative) (Title)
of Lowcountry Excursions, the Applicant for the Certificate of Public
(Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all
statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Idle Grove St Charleston, SC 29403 Charleston, SC
County
This the 22 day of December, 2005
Rebecca Smythe
(Notary Public) (Signature of Applicant's Representative)

Commission Expires 11-14-2012

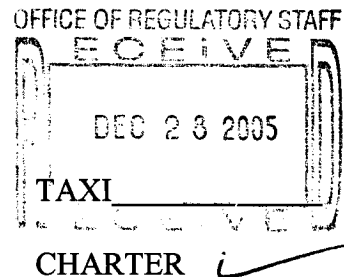


EXHIBIT C

CLASS C -

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Lowcountry Excursions, LLC

For the transportation of passengers as follows:

Area to be served: Charleston County and mostly coastal regions of Lower South Carolina

Number of passengers: 14 Passenger Excursion Limousine

Fares: \$125/Hr + 20% Gratuity

Date 12/22/05

Daniel Threlkeld
By

President
Title

EXHIBIT D

STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION

DESCRIPTION OF EQUIPMENT

OFFICE OF REGULATORY STAFF
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[illegible]

* Seats if passenger carrier

Date: 12-22-05

Lowcountry Excursions, LLC
(Applicant)
Daniel Thickland
(Applicant's Representative)
President
(Title)

INSURANCE QUOTE

OFFICE OF REGULATORY STAFF

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The following insurance quote is for:

Lowcountry Excursions, LLC

(Name of Motor Carrier)

267 Alexander Dr, Unit 11 Mt. Pleasant, SC 29464

(Address of Motor Carrier)

Amount of Premium: 2,000

Liability Insurance 500,000 CSL

The above quoted premium is for a term of 12 months.

Minimum Limits:	1 - 7 passengers	-	25,000/50,000/10,000
	8 - 15 passengers	-	25,000/100,000/10,000
	16 or more passengers	-	25,000/300,000/10,000

Empire Fire & Marine Insurance Company

(Insurance Company Name)

13810 FNB Parkway Omaha, Nebraska 68154-5202

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12/14/05

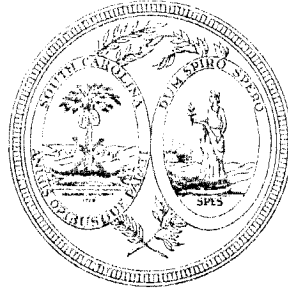
Date

[Signature]

(Authorized Insurance Company Representative)

* **Form E Certificate of Insurance is required to be filed with the Public Service Commission of South Carolina**

The State of South Carolina



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Office of Secretary of State Mark Hammond **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

LOWCOUNTRY EXCURSIONS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 15th, 2004, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of
the State of South Carolina this 15th day of
July, 2004.

A handwritten signature of Mark Hammond in cursive script, written over a horizontal line.

Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
MARK HAMMOND
ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

FILED

JUL 15 2004

Mark Hammond 4
SECRETARY OF STATE

JUL 15 2004

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

I hereby signed deliver the following articles of organization to form a South Carolina limited liability company pursuant to § 33-44-202 and § 33-44-203 of the 1976 South Carolina Code, as amended.

1. The name of the limited liability company which complies with § 33-44-105 of the South Carolina Code of 1976, as amended is Lowcountry Excursions LLC.

2. The office of the initial designated office of the limited liability company in South Carolina is:

130 River Landing Drive #7310, Charleston SC 29492

Street Address

City

Zip Code

3. The initial agent for service of process of the limited liability company in South Carolina is:
Name

Daniel Strickland

130 River Landing Drive #7310, Charleston SC 29492

Street Address

City

Zip Code

4. Organizers:

Bruce B. Hubbard, 77 East John Street, Hicksville, NY 11801

(a) President, Hubbard Inc. D/B/A Hubco Incorporation Services

Name

Street Address

City

State

Zip Code

(b) _____
Name Street Address City State Zip Code

(c) _____
Name Street Address City State Zip Code

(d) _____
Name Street Address City State Zip Code

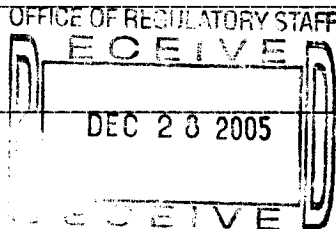
5. ☐ Check this box only if the company is to be term company. If so provide the term specified:

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers.
If this company is to be managed by managers, specify the name and address of each initial manager:

(a) _____
Name Street Address City State Zip Code

(b) _____
Name Street Address City State Zip Code

(c) _____
Name Street Address City State Zip Code

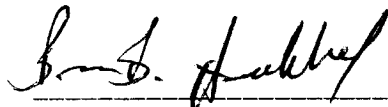


7. ☐ Check this box only if one of more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one of more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time: **Upon Filing**

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer:

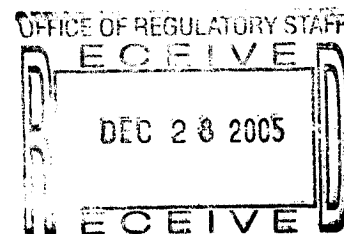


Signature of Organizer

Bruce B. Hubbard

President, Hubbard Inc. D/B/A Hubco Incorporation Services

Date: 07-13-2004



ACTION BY AUTHORIZED PERSON

The undersigned, (Authorized Person) being the authorized person
who executed the Articles of Organization of

Lowcountry Excursions LLC

a South Carolina limited liability company (the "Company"), in accordance with governing law,
does hereby take the following actions:

The undersigned hereby recognizes that the following persons are the persons who authorized
him to file the Articles of Organization of the Company on their behalf as members of the Company:

Daniel Strickland/Beth Strickland

The undersigned hereby waives all right, title and interest in and to any membership interest or
property of the Company and any right in the management thereof arising out of or in connection with
performing duties as the person authorized to file the Articles of Organization of the Company.

Dated: Upon filing date



Authorized Person

Bruce B. Hubbard

President, Hubbard Inc. D/B/A Hubco Incorporation Services

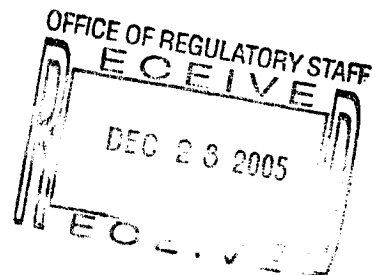


EXHIBIT FWA

Name: Lowcountry Excursions, LLC
Address: PO Box 21862 Charleston SC 29413-1862
Telephone No. 843-437-5152 **Fax No.** 843-881-2278

U.S.D.O.T. No. _____ **ICC No.** _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ☒ Pending _____ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ☒

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ☒

(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Daniel Strickland / President
(Applicant's Signature)

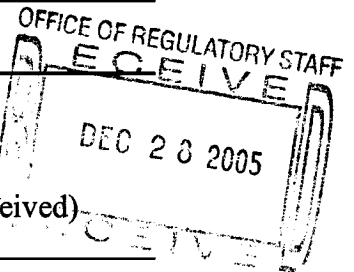
Sworn to before me

At 1166 Grove St Charleston, SC 29403 Charleston County

This 22 day of December, 2005

Rebecca Smythe
(Notary Public)

Commission Expires: 11-14-2012



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DOCKETING DEPT.